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ANDOVER RURAL DISTRICT

ANNUAL REPORT
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ANDOVER RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1953

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ANDOVER RURAL DISTRICT COUNCIL

1953

Chairman

Mr. J.D. Threadgill, J.P.

Vice-Chairman

Mr. H.L. King.

General Purposes Committee

Chairman

Mr. J.D. Threadgill, J.P.

Vice-Chairman

Mr. H.L. King

Members

Mr. D.A. Stroud
Mr. C.S. Sturgess
Mr. E.T. Le Lacheur
Mrs. D.M. French
Mr. E.L.G. Powell
The Hon. Mrs. Butler-Henderson
Mr. H.R. Reynolds
Mr. H. May
Mr. W.N.C. Shearing
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Lt. Cmdr. P.H. Higginbotham
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Major A.J. Hurst
Mr. S. North
Mr. W. Scambler
Mr. H.W. Golding
Mr. G.H. Grinyer
Mr. N. Brook
Mr. C.W. Dickinson
Mr. G.A. Capes
Mr. W.H. Irvin
Mr. A.H. Lawrie
Mr. G.E. Evans
Mr. J.L. Morgan

ANDOVER RURAL DISTRICT COUNCIL

Public Health and Surveyor's Department

(Combined Staff)

Surveyor's Department

Public Health Department

Medical Officer of Health

F.H.M. Dummer, M.B., Ch.B.(St.And.)
D.P.H.(Lond.)

Surveyor & Chief Sanitary Inspector

R.J. Richards, A.I.A.S., M.R.San.I.,
M.S.I.A.

Assistant Surveyor & Additional Sanitary Inspector

J.A. Dean, A.M.I.S.E., A.R.San.I.,
M.S.I.A.

Medical Officer of Health's Secretary

Miss M.B. Lowman

Chief Clerk

Miss M.E.M. Smith

Clerks

Miss B.J. Bishop

Miss P.M. Griffiths

Surveyor's Technical Assistant

K.J.W. Burnett

Clerk of Works

G.F. Pickford

Foreman and General Assistant

F.R. Alexander

Waterworks Superintendent

R.J. Wheeler

Rodent Inspector

M.F. Taylor

Medical Officer of Health
Until September 30th, 1953

J Sleigh, M.B Ch B (Aberd)
DPH (Edin).

RURAL DISTRICT OF ANDOVER
PUBLIC HEALTH DEPARTMENT

June, 1954.

To The Chairman and Members
of the Andover Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my first Annual Report as your Medical Officer of Health.

The form of presentation of an Annual Report is largely left to the discretion of the individual Medical Officer, although he must include certain specific information which is required by the Ministry of Health.
In the pages which follow, I have tried to give you as much local information about the health of the District of Andover as can be gleaned through notification of disease, vital statistics, inspection of premises, reports of officials, and day-to-day contact with professional bodies and the general public. The information is necessarily incomplete - no assessment of health can ever be accurate to the last detail - but it is hoped that the reader will gain a fair idea of how the District of Andover stands in relation to its attempts to maintain and improve the standard of health in all its aspects, where it has succeeded and where it has failed.

General Statistics

Area (in acres)	67,811	(67,811)
Registrar General's estimate of mid-year population	20,670	(19,690)
Number of inhabited houses	3,915	(3,798)
Rateable Value	£104,082	(£99,631)
Sum represented by penny rate	£459	(£415)

The Registrar General's estimate of the population of this district at the end of June, 1953, was 20,670, a net gain of 980 over the estimate for 1952. The natural increase (births less deaths) was 175, and it will therefore be seen that there was a net immigration into the district of 805.

The population trend of Andover Rural District is as follows:-

1946	11,490	1950	14,900
1947	11,680	1951	17,590
1948	12,510	1952	19,690
1949	15,020	1953	20,670

The obvious feature of your population trend has been the steady and considerable increase, except for 1950. Since 1946 the resident population total has risen by 79%, a fact which has been reflected in the necessary extension of your services and the increased weight of administrative responsibility.

Vital Statistics

	Andover Rural District	England & Wales
Birth Rate		
Live births	15.8	15.5
Still births	0.18 12.2	0.35 22.4
Death Rate		
All causes	7.3	11.4
Comparability factor	1.25	
Corrected rate	9.125	
Infant Mortality	36.7	26.8
Neonatal Mortality	8 deaths	

(The Birth and Death Rates are calculated per 1000 of the population. The Infantile Mortality Rate is calculated per 1000 live births.)

The Birth Rate has increased this year from 14.9 in 1952 to 15.8. It is also slightly above the national figure of 15.5. Taking into consideration a comparability factor of 1.31, the corrected rate is 20.7 per 1000, so that based on an applied standard of equalisation, your birth rate is very high indeed, and is well up to the replacement figure required. The population of your District is of course a special one in that there is a considerable amount of military personnel in the area whose ages would place them in a favourable position to influence the birth rate.

This fact would offset, perhaps to a large artificial degree, the general picture of an ageing population, although in our District this balance seems to be better maintained than in surrounding urban communities. As a nation we cannot afford to find ourselves unable to replace the industrial core of our economy.

We live in an age of theory, which is almost the same as saying that we live in an age of confusion. On the one hand, we point with dismay to a falling birth rate, and on the other hand, we hear about "Britain's starving population", "We are vastly over-populated", "People are living too long", "Introduce euthanasia." In point of fact there are great areas of this country completely unexploited. Industries are being closed down - not because they are uneconomic but because labour is being attracted to easier and more remunerative jobs. We are not, it would seem, utilising the resources at our command. Certainly people are living longer - the average expectation of life is now 67 for males and 72 for females - but the majority of our people are also capable of postponing retirement age. It has been well said that "work kills no-one, but over-eating, worry and boredom are lethal."

The Death Rate

The crude death rate for 1953 is 7.3 per 1000 and even when allowance is made for age and sex distribution (comparability factor 1.25) the corrected rate is only 9.125. This crude death rate of 7.3 is the lowest I have found in any district with which I have been connected. For comparative purposes you may be interested to know that in the nearest urban community, geographically centred in your district the rate is 12.3 per 1000 for 1953.

Much more than a mere rate can be deduced from the figures of death returns. We can, for example, see where the main weight of economic loss is falling. It can be argued that deaths over the age of 65, the normal retirement age, does not involve the nation in "labour loss." If, from this purely materialistic viewpoint, we follow on by saying that the working loss involved in the death of a man aged say 30, is 35 years, we can arrive at an estimate of wastage to the community in terms of working years.
Where larger figures than ours are concerned, the interpretation of such a figure is of more real significance than merely stating "x per 1000."

Taking the local figure for males, 80 men died in 1953. Of this total, 30 were 65 or over and 20 were 75 or over.

Heart disease accounted for 36% of the total number of deaths. Cancer deaths were 17% of the total. Of the total of 26 deaths, 10 (9 males and 1 female) had been diagnosed as cancer of the lung or bronchus. This figure was higher than any corresponding estimate of deaths due to cancer of any other organ. Last year there were 4 deaths from lung cancer and 5 in 1951. The possible relationship between this disease and tobacco smoking is discussed later in the Report. Again the death rate from tuberculosis is very low, only one death occurring in the year.

It is a pleasure to report that no child lost it's life through any of the infectious diseases generally attributed to infancy and childhood. Similarly no deaths occurred in pregnancy or childbirth. These two facts alone point to the great change that has taken place in a relatively short time; a change that has become accepted, all too lightly, as a standard of our civilisation. To achieve this result a tremendous amount of really purposeful planning - not by any means the criterion of all "planners" - education, and medical care, has been shown. The results form two of the great victories of modern times - but is is a continuing fight and relaxation in those fields can never be permitted.

Infectious Diseases

1953 was the dominant year in the cycle of measles. The trend of the disease is shown in the following table:-

1953	202	1951	313	1949	149	1947	90
1952	10	1950	30	1948	18	1946	9

The two-yearly cycle is well discerned. Although measles is not of such significance as a killer these days, one must never forget some of the serious sequelae of an attack of this deceptive disease, e.g. vision defects, ear trouble, dental caries. One sees the result of measles in the inspection of school children, and there is no doubt in my mind that a quick follow-up of these cases, would, if not prevent, at least enable early treatment to be instituted and save a considerable amount of future ill-health.

The number of cases of whooping cough was small this year, but the disease is none the less important for that fact. Today whooping cough is one of the most dangerous infectious diseases of infancy and childhood, although it is true that remarkable improvement has been made in reducing mortality. One tremendous advance has been the introduction of an anti-pertussis vaccine, which, although its use is not as wide-spread as it should be, is becoming more and more to be looked upon as a normal preventive measure in infancy.

The astonishing progress in the prevention of diphtheria has been well maintained. The provisional record of deaths for England and Wales in 1953 is 24 and 240 cases were notified. In 1944 there were 934 deaths and 23,199 notifications. These are remarkable figures and show a wonderful sense of public responsibility. Is it too much to hope that the public now feel that a child can not only "do with" immunisation, but in fact is "entitled" to his freedom from disease ? I hope so, because it is only by sustained effort that we can improve even the present position.
In 1953 in the District of Andover, 150 children completed a full course of primary immunisation and 200 received "boosting" doses. Both figures can well be increased and I should like to see the " boosting" dose established as a normal "school entrance" feature.

The position with regard to immunisation against whooping cough was very unsatisfactory in 1953, but now we hope that with the introduction of the combined vaccine throughout the county, a very much improved protection will be afforded against this disease. The great advantage of the combined vaccine is that protection against diphtheria as well as whooping cough can be obtained by the same course of injections. Multiple barrier protection is coming into its own and we can even give a triple protection to include tetanus as well as the other two diseases.
The incidence of tetanus is low but nevertheless it is an extremely dangerous disease and this combination of safety is to be welcomed even in a relatively remote possibility.

Seasonal Incidence of
Whooping Cough and Measles
1953

	Whooping Cough	Measles
1st Quarter	12	82
2nd Quarter	-	101
3rd Quarter	5	16
4th Quarter	10	3

The main brunt of the measles incidence was borne by the first and second quarters of the year. The wide dissemination of droplet infection at this time of the year is undoubtedly responsible for many cases.

The distribution time of whooping cough on the other hand, shows a remarkable independence of the incidence of respiratory infection.

The dramatic change in the picture of mortality from infectious disease can be seen from the following statistics for England and Wales:-

1938		1952	
Disease	Deaths 0 - 5	Disease	Deaths Total
Measles	1,389	Measles	141
Pertussis	1,072	Pertussis	184
Diphtheria	1,011	Diphtheria	32

These are inspiring figures - inspiring, not to complacency, but to an even greater effort, in a field where so much has been done already. Lest any one should think that the infectious diseases have been finally conquered, let me remind you of the other side of the picture. Poliomyelitis killed 295 people in 1952, meningococcal infection 290, influenza 852. These figures are substantial and when one considers that there are many more infectious diseases which though not widespread are extremely dangerous (for example 9 deaths in 1951 were caused by typhoid fever and 12 by paratyphoid) one cannot relax in the reflected glory of the laurels gained.

Poliomyelitis

8 cases of poliomyelitis were notified during 1953. An outbreak of poliomyelitis occurred in the Tidworth area during May and June. Most cases were in the North of Tidworth. Three notifications were received in this office at the time. The schools in the area were not closed, although the majority of parents kept their children at home. About 9 children were involved altogether. 1 child belonging to North Tidworth died.

The increasing incidence of this disease throughout the country has been one of the most alarming features of recent years. The amount of knowledge we are accumulating about poliomyelitis is gradually increasing and we are now able to lay down certain principles, which although admittedly rather general in character, are important in the control and possibly in the prevention of some serious effects of the illness.

1. Although the term "infantile paralysis" is misleading in that the disease is not necessarily confined to "infants" nor is it always "paralytic", we do know from the notified returns that at least one third of the cases occur in children of under 5, and two thirds in the age group up to 15.

2. We know that one of the predisposing factors in the onset of the paralytic variety is fatigue - especially in the case of young children. I am acutely aware that the prevention of overtiredness in children, particularly in the summer-time, is one of the most difficult measures to enforce. Nevertheless, the careful parent should be warned against the signs of strain in a child, e.g. fretfulness, lack of appetite, headache, muscle pains and perhaps most important of all, inordinate disobedience.

3. When an active case occurs it is necessary to exclude household and other near contacts from nurseries, day schools and Sunday schools. The optimum exclusion period is probably three weeks. Similarly, where the employment of adults brings them in close contact with children, e.g. nursery nurses, teachers, school meals attendants, such persons should also be excluded.

4. If it is at all possible, close contacts should be segregated into "house and garden" quarantine. This may sound - and indeed often is - difficult or even idealistic, but it is miraculous the effort which can be made successfully when parents and others have a full explanation, possibly by leaflets, of the sacrifices demanded of them. No one wishes to spread an infectious disease, but often people are at a loss to know just precisely what is expected of them.

5. Teachers can help in this campaign by trying to arrange their curricula so that no unnecessary grouping of children takes place within an infected school. It should be possible, for example, to cancel morning assembly for the quarantine period, to "stagger" play recesses, to avoid mixing of classes for music or physical education. To upset a prescribed schedule is not a popular thing to advocate but in this disease co-operation is the one vital thing which must, by any means, be achieved.

Remember too, that when you discuss, or even worry about poliomyelitis, take a sane view of the odds against catching the disease. It is many times less likely than being run over in the street - but you do take precautions when you see an oncoming vehicle.

National Assistance Act, 1948 - Section 47

No formal action was taken under this Section.

To Smoke or Not To Smoke

No health problem in the past year has aroused such interest as the vexed question of smoking in relation to lung cancer. For years there has been speculation on this subject, and the statisticians have excelled themselves in their endeavours to investigate a positive relationship. This subject has been considered by the Standing Advisory Committee on Cancer and Radio-Therapy for 3 years, and as a result of preliminary investigations a panel under the Chairmanship of the Government Actuary was set up in 1953 to inquire and report to the Minister of Health.

The findings of that Committee are of importance to us all whether our concern be as smokers, as parents, or simply interested in the public health.

Briefly, the Committee reported:-

(1) There is a relationship between smoking and cancer of the lung.

(2) Although there is presumptive evidence that the relationship is causal, this same relationship is not a simple one, since there is no positive evidence of a known carcinogenic agent in tobacco smoke, or that the increase in lung cancer is due entirely to increases in smoking. The picture is also clouded by differences in various towns and in urban and rural communities, e.g. there may be atmosphere pollution or occupation risks.

What are we to make of these findings ? What advice can be given on this subject ?

Firstly, although there is no firm evidence on the point of direct relationship, that there is *some* relationship must be accepted as established statistically. Secondly, we know from death statistics that in the country generally, cancer of the lung is on the increase - and it is agreed in medical circles that improved and earlier diagnosis does not account for anything like the whole of this increase. Do you remember the effects of the London Smog of 1952-53 ? Have you ever considered that the smoker who inhales sets up a kind of personal "smog" in his lungs and upper respiratory passages ? The smoker as a "smog-maker" - it is a novel idea and maybe not far off the mark. On advice we can certainly go as far as this:-

> If the smoker wants to kill himself, he has a very favourable chance of dying from cancer of the lung.
>
> Excessive smoking, i.e. 20 or more per day is obviously an unhealthy habit, whatever statistics prove or disprove cancer causation.
>
> Adolescents should be warned of the attendant risks at least of excessive smoking and advised that the best approach to smoking is "Don't!"

Research into the causation of cancer of the lung has been intensified by the Government and other agencies, and the tobacco companies alone have offered £250,000 in this cause, for use by the Medical Research Council.

Vaccination and Immunisation

> "In Andover Rural District in 1953 there were 545 cases of smallpox with 189 deaths. 100 infants, 53 children under the age of 15 and 36 adults lost their lives. Out of a total population of 20,670, 14,000 persons were vaccinated or re-vaccinated."

That made you sit up, didn't it ? Of course it is only a fairy tale - a rather horrible one too. And frightening ? You see, the terrible thing about this fairy tale is that it could well be a true story. You "don't believe" in vaccination ? Or have you"been got at ?"

In 1950, 18 cases of confirmed smallpox were admitted to hospital in Glasgow. THERE WERE 6 DEATHS, AND THOSE SIX PERSONS WERE THE ONLY ONES OUT OF THE 18 WHO WERE UNVACCINATED.

In 1950-51, 29 cases of smallpox were admitted to hospital in Brighton. 10 DIED, SEVEN HAD NEVER BEEN VACCINATED AND THE OTHER THREE HAD BEEN VACCINATED MORE THAN 50 YEARS PREVIOUSLY.

Now the interesting thing about these two outbreaks was that no one who contracted smallpox and had been successfully vaccinated and re-vaccinated died of the disease. In other words, although nobody is going to claim that vaccination confers immunity from the disease, we do claim - and every outbreak underlines this position - that your chance of survival is immeasurably enhanced by your having been vaccinated.
Is not that worth something ? Is there anyone in Britain today, apart from persons whose liberty of action does not arise from their own volition, who, on being told that a simple painless, free procedure would virtually guarantee that he or she would not die of cancer, would refuse the offer ? Yet for generations this offer has been open in the case of smallpox.

At December, 31st, 1953, 212 persons had been vaccinated or re-vaccinated during the current year. Of these, 134 were infants under 1 year, Only 39 people were re-vaccinated. In 1952, the county rate for vaccination of babies born in that year varied greatly from place to place. The highest figure was a rural district of relatively high population while the lowest related to a small urban community. For the Rural District of Andover the 1952 figure was 31.0% and for 1953 40.9%.

In my opinion, this low estimate does not provide a safe "barrier of protection" for the community. The Chief Medical Officer of the Ministry of Health, in his Report for 1952, states that "the total numbers of school-children re-vaccinated over the whole country suggest that not more than 1 in 25 of the children entering or leaving school who had been primarily vaccinated in infancy were re-vaccinated."

This dangerous position must not be perpetuated and local authorities, through advice in child welfare centres, instructions to health visitors and district nurses, publicity posters and leaflets, are doing all in their power to persuade people to use the services of general practitioners for this purpose. In this case, as in so many others, family practice and local authority work together towards the one great ideal of community health - safety through prevention.

Tuberculosis

In an Appendix to this report you will find details of the Mass Radiography Survey carried out in Andover for the three weeks 8th - 26th June, 1953. In all, 3,218 people were examined and from that not inconsiderable number only one case of active pulmonary tuberculosis was discovered. Of this number, a certain proportion came from Andover Rural District, and the results will be of interest to the whole area around Andover. Was it worth all the preliminary organisation, day-to-day work of technicians and the subsequent "follow-up" examinations of doctors - not to speak of the amount of co-operation required from the public ?

Look again at the statistics. Abnormalities of one kind or another were found in 146 cases. Some may have known of these conditions, others not. In either case a great deal of worry was allayed by reassurance or the definite statement "Free from infection." All the others were also given the definite assurance that at that date they had no chest condition which has been classified as a disease entity. This is worth a great deal. A chest complaint can be - and almost invariably is - a very worrying condition. It is most difficult for anyone to come to a definite decision to find out the true position once and for all. 3,218 people were determined to know and in 3,217 any fears they had were groundless - for remember that where a miniature picture gives rise to any doubt whatever, more detailed films, followed by a clinical examination are undertaken.

In the war against disease, the finding that all is well on our particular front is a far greater satisfaction to us than to be able to produce nicely documented case sheets instancing a high incidence of disease.

Can we then claim that the district is free of tuberculosis, apart from one case ? Unfortunately no. In the first place, even allowing for the fact that children under 14 were not examined, a total attendance of 3,218 by no means represents the population of Andover and district. There are wide gaps in our knowledge of the cases which may be on our doorsteps. Not that we are entirely in the dark. If you turn again to the Appendix you will see that 10 new cases of respiratory tuberculosis were notified in 1953. Note too the age group affected. The burden of the disease is borne by the breadwinner often with a young family, the mother who is the cornerstone of domestic happiness, the young adult who is vital to the economic well-being of the community. On our Register we still have 84 cases either receiving treatment or still being clinically supervised. Nevertheless, here again there is hope of better things to come. In the past few years death has been warded off in more cases than, only a short time ago, we had dared hope possible. Earlier diagnosis, improved methods of treatment, new drugs, more sensible rehabilitation - all have contributed. One other circumstance has aided this progress - rehousing.

It is generally agreed that housing conditions play a large and perhaps vital role in the onslaught against potential tuberculosis. Certainly in the housing of convalescent cases, the subject is of paramount importance. Curative medicine, in the case of tuberculosis, is a base hospital - the front line is on the doorstep of every insanitary or over-crowded dwelling, with its accompanying low standard of living. The local authority cannot provide HOMES - only the family can do that - but it can provide HOUSES.

Your Council has a good record in the rehousing of cases of tuberculosis and from a purely public health viewpoint, you have rightly decided that such patients, on medical grounds, shall have priority where circumstances warrant it. There is no disease, related to housing conditions, which has greater repercussions on the health of the community than tuberculosis.

Bovine tuberculosis is still a problem, particularly in a rural community. Any scheme which aims at clearing our herds of this curse should be warmly supported. The campaign to erradicate tuberculosis gains momentum. We had a slow start and the ultimate goal is still a long way off. Nevertheless every disease-free herd contributes greatly to the potential safety of the community and a few more children are saved, not only from avoidable death, but from the disfiguring scars of a major operation to excise tuberculous glands of the neck. There is a direct relationship between this picture and the poison of tuberculous milk.

We need a further step in this direction. There is too little control over the product which goes into the making of cheese. Cheese made from raw milk, if not tuberculin-tested, can be a vehicle of infection. If the product is too difficult to tackle at the source of production, surely it is not too much to ask that the public should be given the opportunity of knowing that the cheese was NOT made from tuberculin-tested milk ? Why not a label "Made from Tuberculin-Tested Milk ?" The choice is then open to the consumer - the risk is his, but he should know that there is a risk.

Administration of Health Services

National Health Services Act, 1946

Under the provisions of the above Act, the Local Health Authority, in our case the Council of the County of Southampton, can delegate to Local Authorities, certain of their functions with regard to Health Services.

At a meeting held in Andover on 14th September, 1953, between representatives of the County Council, the Borough of Andover, Andover Rural District, Kingsclere and Whitchurch Rural District, it was agreed to recommend to the respective Councils the adoption of a scheme for the devolution of certain health functions in the area of the three district Councils. The scheme was later approved by all the authorities concerned and came into operation on December 1st, 1953.

Briefly, the present position is as follows:-

One District Health Sub-Committee representing the three Councils is responsible to the County Council for the general supervision of the Local Health Authorities functions with regard to:-

(a) Care of Mothers and Young Children

(b) Midwifery

(c) Health Visiting

(d) Home Nursing

(e) Vaccination and Immunisation

(f) Prevention of illness, care and after-care (except tuberculosis)

(g) Home Help

The constitution of this Committee which meets monthly, either at Andover or Kingsclere, is as follows:-

3 members appointed by each of the District Councils

2 members of the County Council appointed by the Health Committee of the County Council.

6 co-opted members, representative of voluntary organisations and other bodies concerned with the health services, two of whom shall be appointed by each of the three District Councils.

1 doctor appointed by the County Council after consultation with the Southern Branch of the British Medical Association.

The Medical Officer of Health for the three districts presents a monthly report, co-ordinating the work done in the services which have been devolved.

The value of this Committee lies in the fact that it is composed of people who know and can interpret the needs of the communities which are served. It is the one "debating forum" on health services centred around a workable geographical area, large enough to warrant this kind of "devolution" and small enough to ensure that local interests are thoroughly aired. It may be thought that the executive powers of such a body are severely restricted, and this may well be true. It may be that "devolution" is merely a stage in the "evolution" of local health services, solely administered by a local body from a local centre. Such a partition of administration is by no means impossible and the future may hold very interesting developments along this line of thought.

Water Supplies

No extension of mains carrying water from sources within the area has occurred. There is evidence that the intermittent pollution of the Faberstown and Vernham Dean Supplies continues, but that at the former source would seem to be diminishing. This diminution may be explained by the provision of a sewerage scheme and connection of all houses thereto. Chlorination of these supplies was continued.

Sampling for bacteriological examination was regularly maintained and 6 samples of the Vernham Dean Supply and one sample of the Faberstown Supply were found to be slightly contaminated.

Particulars of populations supplied from water mains are as follows:-

	No. of Dwellings supplied from mains	Population supplied by standpipe
Appleshaw, part Fyfield, Kimpton	183	60
Vernham Dean	88	20
Shipton Bellinger (Cholderton Water Co.)	208	-
Barton Stacey & Bullington	197	-

South Tedworth is supplied by the War Department from its mains.

Laying of a main supply for the parish of Longparish was commenced in July. Water is being obtained by bulk supply from Kingsclere and Whitchurch Rural District Council.

Bacteriological Examination of all Water Supplies Private and Public

No. of samples taken	264
No. of samples reported satisfactory	187
No. of samples reported not entirely satisfactory	39
No. of samples reported unsatisfactory	38

Drainage and Sewerage

The construction of a sewerage system for the village of Barton Stacey was commenced during the latter part of the year. This scheme will enable much improvement of conditions in the village, main water being already available. The sewage is to be pumped into the sewers of the Garrison system, by arrangement with the War Department.

Public Cleansing

The weekly collection of refuse was maintained, refuse being satisfactorily tipped at Appleshaw.

Sanitary Inspection of the Area

Inspection for Nuisances	51
Drainage Tests	141
Rooms Disinfected	6
Inspection of Water Supplies	343
Dairy Inspections	2
Inspections of Moveable Dwellings	41

Shops

No statutory action was taken during the year.

Camping Sites

Licences under Section 269 of the Public Health Act, 1936, were issued in respect of 35 caravans. The usual conditions to secure hygienic conditions were in each case imposed.

Eradication of Bed Bugs

It was found necessary to take action in the case of one infestation in a Council House.

Factories

Inspections for purpose of provisions as to health (including inspections made by Sanitary Inspector.)

Premises	Number on Register	Number of Inspections	Number of Written Notices
(i) Factories in which Sections 1,2,3,4 or 6 are to be enforced by Local Authority.	5	4	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	26	17	-
(iii) Other premises in which Section 7 is enforced by Local Authority (excluding outworkers premises.)	-	-	-
TOTAL	31	21	-

Cases in which DEFECTS were found:-

Particulars	No. of cases in which defects were found			
			Referred	
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of Cleanliness (S.1)	-	-	-	-
Overcrowding (S.2)	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-
Inadequate Ventilation (S.4)	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-
Sanitary Conveniences (S.7)	-	-	-	-
(a) insufficient	-	-	-	-
(b) unsuitable or defective	-	-	-	-
(c) not separate for sexes	-	-	-	-
(d) other offences	-	-	-	-
TOTALS	-	-	-	-

Housing

Housing Inspections

(1)	(a)	Total number of dwelling houses inspected for housing defects (Public Health and Housing Acts)	102
	(b)	Number of inspections made for the purpose	154
(2)	(a)	Number of dwelling houses (included under (1)) which were inspected and recorded under Housing Consolidated Regulations 1925 and 1932	56
	(b)	Number of inspections made for the purpose	56
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	53

Housing Action

Remedy of Defects during the year without service of formal notices:-

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers . . . 48

Action Under Statutory Powers During The Year

(a) Proceedings under Sections 9, 10 & 16, Housing Act, 1936.

(1) Number of dwelling houses in respect of which notices were served requiring repairs . . . . Nil

(2) Number of dwelling houses which were rendered fit after service of formal notice

- (i) By owners . . . . Nil
- (ii) By Local Authority in default of owners . . . Nil

(b) Proceedings under Sections 11 and 13 Housing Act, 1936.

(1) Number of dwelling houses in respect of which Demolition Orders were made . . . . Nil

(2) Number of dwelling houses demolished in pursuance of Demolition Orders . . . . Nil

(c) Proceedings under Section 12 of Housing Act, 1936.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made . . . . . . Nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit . . . . Nil

Housing Act, 1936. Part IV. Overcrowding

(a)	(i)	Number of dwellings overcrowded at end of year - Estimated	25
	(ii)	Number of families dwelling therein - Estimated	40
	(iii)	Number of persons dwelling therein - Estimated	150
(b)		Number of new cases of overcrowding reported during the year	Nil
(c)	(i)	Number of cases of overcrowding relieved during the year	3
	(ii)	Number of persons concerned in such cases	15

(d) Particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report

No special circumstances.

Inspection and Supervision of Food

(a) Milk Supply

Number of Registered Distributors	1
Number of Registered Distributors outside area selling milk within the area	7

The milk consumed in this district is generally supplied by the large retail dairymen with pasteurising plant, whose dairies are situated in the Borough of Andover or in Wiltshire County Districts. The one registered Distributor ceased business during the year.

We have no local figures for milk consumption but in question time in Parliament on October 21st, 1953, Dr. Charles Hill, Parliamentary Secretary to the Ministry of Food stated that the average weekly consumption of milk per person in the first six months of the year was 4.65 pints. The corresponding figures for 1952 and 1951 respectively were 4.73 and 4.83 pints. The total consumption of full-price liquid milk by the public last August was about 108 million gallons, compared with 110 million in 1952 and 112 million in 1951.

The "milk in schools" scheme ensures that every child can receive one third of a pint per school day. But it is hoped that parents will not regard this scheme as fulfilling a child's requirements. It is in every sense supplementary. One pint of milk per day per child is to be aimed at and it is not out of place to hope for this figure of adult consumption too.

A complaint often heard from milk retailers is that bottles are returned to them in a very dirty state. The vendor is certainly responsible for the state of cleanliness of the receptacle, but it would assist if the public made a point of ensuring that bottles are clean and free from deposit when returned.

The health of a community cannot be left to one section of the public and here is an instance where all can play a part.

(b) Slaughterhouses

One slaughterhouse only is licensed, used for the occasional slaughter of pigs for private individuals. The slaughter of animals for general consumption has continued at the Ministry of Food Slaughterhouse at Andover.

(c) Food Premises

The number of food premises in the area is as follows:-

Public Houses, Inns	36
Transport and other cafes	13
Grocers & General Stores	38
Bakers	9
Butchers	4

In general it has not been possible to secure such a high standard of personal hygiene in food premises, as could be wished. This is not always due to the shortcomings of the proprietor, but rather to the fact that, in the absence of piped water and water carriage systems, the provision of washing facilities is not easy.

As stated in the last Annual Report, there exist many food shops where the confined space makes the provision of adequate drainage schemes impracticable.

(d) Number of Food Premises Registered under Section 14. Food & Drugs Act.

Sale of Prepacked Ice Cream	31
Preparation & Manufacture of Sausages	3

(e) Number of Inspections of Registered Food Premises

30 including those premises used for the manufacture of sausages.

(f) Adulteration

The Council is not a Food and Drugs Authority under the Food and Drugs Act, 1938.

(g) Food Inspection

The following foods were condemned during the year:-

(a)	Miscellaneous canned foods	37 tins	
	Imported Ham	2 tins	(23 lbs.)
	Butter	40½ lbs.	

(b) Home Killed Meat -

	Cause of Condemnation
Quality 'A' Beef, Rump & Topside.	Putrefaction - 30 lbs.

This small quantity of condemned food was buried or returned through Ministry channels for salvage.

(h) Food Poisoning Outbreaks

There were no recorded outbreaks of food poisoning during the year.

Housing Progress

By the 31st December, 1953, the Council owned and administered 621 dwellings, excluding hutments. The number of post-war houses built by the Council up to that time was 433, 54 of which had been completed in 1953. There were also in the course of completion 106 houses, and plans had been made for an additional 112.

Building took place during the year at Abbott's Ann, Amport, Appleshaw, Barton Stacey, Goodworth Clatford, Grateley, Kimpton, Penton Grafton (Weyhill and Clanville), Shipton Bellinger and Quarley.

The needs of the old people were not forgotten and 28 bungalows were planned, 20 of which were completed in 1953.

The waiting list on December 31st, 1953, still amounted to 425, so that although we can claim, and justifiably so, that the back of the problem has been broken, there is still sufficient need to pursue an energetic programme.

In addition to the programme, carried out by the Council, 31 houses have been built by private enterprise and approximately 100 Married Quarters have been erected by the War Department in Tidworth and Barton Stacey.

Slum Clearance

There has been a great deal of thought given to proposals on this subject. The Government White Paper "Houses - The Next Step" has laid the foundation for our future policy. Each Authority is now required to submit to the Ministry, details of its proposals on a short-term and long-term basis. Until now almost the entire emphasis has been on building new houses, and in the long period which has elapsed since the last clearance schemes were undertaken, very great deterioration has taken place in a substantial percentage of houses. The time has now come to push ahead with clearance plus re-development, and the Council have already considered and approved certain policy in this respect. The "temporary dwelling" outlook, except for cases in dire emergency, e.g. eviction, should now be a thing of the past.

For the purposes of this Report, 1953 was mainly a year of anticipation, but the Council did not lag behind in the demolition of hutted property and re-development on the site. This is an example of good " purposeful" planning and the Council is to be congratulated on it's boldness in this respect. The new year has already seen major policy decision taken which will be the subject of report and comment in 1954.

Distribution of Industry

The local office of the Ministry of Labour and National Service has supplied me with the following figures relating to the distribution of industry, on the basis of the number of insured persons in the area.

	Males	Females	Total
Agriculture & Fisheries	1,126	164	1,290
Building etc.	1,011	37	1,048
Distributive	485	546	1,031
Vehicle Manufacture & Repair	744	104	848
National & Local Government	702	127	829
Transport, Communications & Warehousing	544	71	615
Professional Services	151	401	552
Food, Drink & Tobacco	286	185	471
Wood & Wood Manufacturers	389	74	463
Paper & Printing	319	126	445
Engineering	236	20	256
Gas, Electric & Water	125	16	141
Insurance etc.	69	61	130
Mining & Mining Products	31	1	32
Chemicals etc.	19	4	23
Clothing	12	5	17
Textiles	4	4	8
Amusements, laundry, hotels, domestic service & miscellaneous services	317	1,135	1,452
TOTAL	6,570	3,081	9,651

Andover district compares very favourably with the country as a whole, as far as employment is concerned. The local figure is 0.6% against the nation's 1.8%.

There remains one substantial gap in this account. What of the incidence of diseases which are not notifiable ? To get an overall picture of this side of the field, I should have had to include a report from general practitioners. I should gladly make space available for such a report and I hope that all doctors in the district, reading these pages, will feel that they can, if they wish, submit observations and comments on the health of the people in their care. Much has been said and written on one or either "side" of medicine. Essentially the practice of medicine is made up of many individual interests. But our aim must always be to integrate those interests and to present to the public the work of a team, whose members are of equal importance and whose eyes are on one goal - a safer, healthier, saner community.

I acknowledge my gratitude to Mr. R.J. Richards, the Council's Chief Sanitary Inspector and Surveyor for his report on the day-to-day work in the field of environmental hygiene. He and the Additional Sanitary Inspector, Mr. J.A. Dean, have rendered me invaluable assistance in numberous ways since I have taken up this appointment. I would like to stress the important part played by our Sanitary Inspectors in the life of the community. Their task is difficult - tact and vigilance being the twin assets which any such officer must possess to the full. Your Council are fortunate in possessing Sanitary Inspectors who embody these virtues and this fact is manifest in the smooth working of the Department.

To the other Officers, Mr. H.O. Wood, the Clerk, Mr. T.W. Redman, the Assistant Clerk, Mr. H.B. Menton, Chief Financial Officer, I am also grateful for their co-operation and interest. The support of the Committee and the Council has been generous and understanding and in particular, Mr. Chairman, you own regard for and knowledge of the working of the Public Health Department, has encouraged us all.

The typing and duplication of this Report, the tedious part, has been done by my secretary, Miss M.E. Lowman, and I acknowledge my gratitude for her excellent work in this task and throughout the year.

I am, Mr. Chairman,
Ladies and Gentlemen,
Your obedient Servant,

APPENDIX 'A'

Tuberculosis

Age Periods	New Cases						Deaths					
	Respiratory			Non-Respiratory			Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0 -	1		1									
1 -												
5 -												
15 -	1	1	2									
25 -	2	4	6									
35 -		2	2		1	1						
45 -	2		2					1	1			
55 -	1	1	2									
65 and upwards												
TOTAL	7	8	15		1	1		1	1			

Number of Cases on the Tuberculosis Register on 31st December, 1953.
(31st December, 1952 in brackets)

	Male		Female		Total	
Respiratory	29	(26)	25	(18)	54	(44)
Non-Respiratory	3	(3)	6	(5)	9	(8)
TOTAL	32	(29)	31	(23)	63	(52)

During the year the number of cases on the Tuberculosis Register has increased by 11 as shown in the second table. There were 16 new cases and 1 death as shown in the first table, and the balance is made up by a further 4 cases which were removed from the Register as under:-

Left District 4

Prevalence of and Control Over Infectious and Other Diseases

Final numbers according to Sex and Age after corrections of cases of Infectious and other notifiable diseases notified during the year ended 31st December, 1953.

	Scarlet Fever			Whooping Cough			Acute Poliomyelitis						Measles		
							Paralytic			Non Paralytic					
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under 1 year					1	1							1	2	3
1 - 2 years	1		1	5	3	8	1	1	2				11	21	32
3 - 4 years				5	3	8	1	1	2				27	22	49
5 - 9 years	1	4	5	6	2	8							44	57	101
10 -14 years					1	1	1	1	2				6	3	9
15 -24 years					1	1								1	1
25 and over	1		1				1		1		1	1	1		1
Age Unknown													1	5	6
TOTAL (All Ages)	3	4	7	16	11	27	4	3	7		1	1	91	111	202

	Dysentery			Erysipelas		
	M	F	Total	M	F	Total
Under 5 years	1		1			
5 -14 years						
15 -44 years					1	1
45 -64 years					1	1
65 and over						
Age Unknown						
TOTAL (All Ages)	1		1		2	2

Malaria Contacted Abroad

10 Males

APPENDIX 'C'

Table of Deaths

Tuberculosis, respiratory	0	(0)	0	(0)	0	(0)
Tuberculosis, other	1	(0)	0	(0)	1	(0)
Syphilitic disease	0	(0)	1	(0)	1	(0)
Diphtheria	0	(0)	0	(0)	0	(0)
Whooping cough	0	(1)	0	(0)	0	(1)
Meningococcal infections	0	(0)	0	(0)	0	(0)
Acute poliomyelitis	0	(0)	0	(0)	0	(0)
Measles	0	(0)	0	(0)	0	(0)
Other infective and parasitic diseases	2	(1)	0	(0)	2	(1)
Malignant, neoplasm, stomach	3	(3)	0	(0)	3	(3)
Malignant neoplasm, lung, bronchus	9	(4)	1	(1)	10	(5)
Malignant neoplasm, breast	0	(0)	3	(2)	3	(2)
Malignant neoplasm, uterus	0	(0)	0	(1)	0	(1)
Other malignant and lymphatic neoplasms	4	(8)	6	(6)	10	(14)
Leukaemia, aleukaemia	0	(1)	0	(0)	0	(1)
Diabetes	0	(0)	0	(0)	0	(0)
Vascular lesions of nervous system	9	(5)	9	(15)	18	(20)
Coronary disease, angina	13	(15)	5	(4)	18	(19)
Hypertension with heart disease	2	(0)	4	(4)	6	(4)
Other heart disease	8	(11)	16	(9)	24	(20)
Other circulatory disease	1	(1)	6	(3)	7	(4)
Influenza	1	(0)	0	(0)	1	(0)
Pneumonia	1	(2)	3	(0)	4	(2)
Bronchitis	6	(3)	2	(2)	8	(5)
Other diseases of respiratory system	1	(0)	1	(1)	2	(1)
Ulcer of stomach and duodenum	3	(1)	0	(0)	3	(1)
Gastritis, enteritis and diarrhoea	1	(0)	0	(1)	1	(1)
Nephritis and nephrosis	1	(2)	1	(1)	2	(3)
Hyperplasia of prostate	0	(1)	0	(0)	0	(1)
Pregnancy, childbirth, abortion	0	(0)	0	(0)	0	(0)
Congenital malformations	2	(1)	0	(0)	2	(1)
Other defined and ill-defined diseases	4	(3)	12	(10)	16	(13)
Motor vehicle accidents	2	(2)	1	(0)	3	(2)
All other accidents	4	(1)	1	(2)	5	(3)
Suicide	2	(1)	0	(0)	2	(1)
Homicide and operations of war	0	(1)	0	(0)	0	(1)
All Causes	80	(68)	72	(62)	152	(130)

Diphtheria Immunisation
Annual Return for Year ended 31st December, 1953.

Age At date of final injection (as regards A) or of reinforcing injection (as regards B)	Under 1	1	2	3	4	5-9	10-14	TOTAL
A. Number of children completing full course of primary immunisation	16	108	22	3	1			150
B. Number of children receiving a reinforcing injection						151	49	200

Immunisation in Relation to Child Population

Number of children at 31st December, 1953, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January 193

Age at 31.12.53 Born in Year	Under 1 1953	1 - 4 1952-1949	5 - 9 1948-1944	10 - 14 1943-1939	Under TOT
Last complete course of injections (whether primary or booster) A. 1949 - 1953	10	767	616	267	16
B. 1948 or earlier			8		

Vaccination Return for the Year ended 31st December, 1953.

Number Vaccinated	Under 1	1	2 - 4	5 - 14	15 or over	TOTAL
1st January - 30th June	55	-	2	3	5	65
1st July - 31st December	79	6	9	10	4	108
Number Re-vaccinated						
1st January - 30th June	-	-	-	6	22	28
1st July - 31st December	-	-	-	2	9	11
						212

APPENDIX 2 (1)

SOUTH WEST METROPOLITAN REGIONAL HOSPITAL BOARD
(Southampton Group Hospital Management Committee)

Mass Radiography Survey - Andover
8th - 26th June, 1953.

Table I

Survey Groups	Numbers X-Rayed			Numbers Referred for Further Investigation or Observation		
	Males	Females	Total	Males	Females	Total
Chest Clinics	10	17	27	-	-	-
General Practitioners	8	14	22	-	-	-
School Children	503	263	766	-	1	1
National Servicemen	51	-	51	1	-	1
Private Firms	726	291	1,017	9	2	11
General Public	461	874	1,335	3	6	9
TOTALS	1,759	1,459	3,218	13	9	22

Total Number recalled for large films - 107 (% of total examined 3.3)
Total Number recalled for interviews - 31 (% of total examined 0.99)

APPENDIX 'E' (ii)

Table II - Non-Tuberculous Conditions

	Chest Clinics		General Practitioners		National Servicemen	School Children		Private Firms		General Public		TOTALS		
	M	F	M	F		M	F	M	F	M	F	M	F	TOTAL
Abnormalities of bony thorax and lungs					3	3	5	19	9	7	10	32	24	56
Bronchitis & Emphysema							3	3		4	3	7	6	13
Bronchiectasis							1						1	1
Pneumonia & Pneumonitis							1	2		1		3	1	4
Pneumokoniosis														
Pleural thickening & fibrosis								7		5	4	12	4	16
Intrathoracic new growths: malignant Non-malignant														
Cardiovascular lesions Congenital Acquired								1	1	3	2	4	3	7
Miscellaneous					1	1	1	4	1		1	6	3	9

APPENDIX 'E' (iii)

Table III - Newly Discovered Cases of Pulmonary Tuberculosis

	Chest Clinics		General Practitioners		National Servicemen	School Children		Private Firms		General Public		TOTAL		
	M	F	M	F		M	F	M	F	M	F	M	F	TOTAL
Cases of Inactive Pulmonary Tuberculosis														
Primary lesions							2	8	7	1	2	9	11	20
Post Primary lesions								8	5	3	4	11	9	20
Cases of Active Pulmonary Tuberculosis														
Primary disease														
Unilateral Post-Primary Disease					1							1		1
Bilateral Post-Primary Disease														
Pleural Effusions														
TOTAL Active Tuberculosis					1							1		1
Rate per 1000					19.6								0.30	

County Council Services

Health Visitors

Miss M.L. Collins

Miss N. White

Miss D.D. Woodcock

District Nurse/Midwives

Abbott's Ann

Miss M.L. Hibbert, S.R.N., S.C.M., Q.N.

Barton Stacey

Miss V.J. Benson, S.R.N., S.C.M., Q.N.

Shipton Bellinger

Miss J. Powell, S.R.N., S.C.M. Q.N.

Weyhill

Miss E. Huscroft, S.C.M., S.E.A.N.

Bourne Valley

Mrs. E. Dean, S.R.N., S.C.M.

Child Welfare Clinics

Amport	The Hut	1st Monday
Appleshaw	Church Hall	3rd Wednesday
Chilbolton	The Hall	1st Wednesday
Longparish	The Hall	2nd Thursday
Upper Clatford	The School	1st Tuesday
